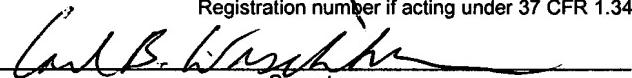


PTO/SB/22 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional)  2000522.00123US2																		
Application Number	09/735,983-Conf. #5697	Filed December 13, 2000																		
For SYSTEM AND METHOD FOR SEAMLESS SWITCHING																				
Art Unit 2611	Examiner	H. V. Tran																		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																				
<table><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$460</td><td>\$230</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1050</td><td>\$525</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1640</td><td>\$820</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2230</td><td>\$1115</td></tr></tbody></table>				Fee	Small Entity Fee	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115
	Fee	Small Entity Fee																		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60																		
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230																		
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525																		
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820																		
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115																		
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-0219 I have enclosed a duplicate copy of this sheet.</p>																				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																				
I am the	<input type="checkbox"/> applicant/inventor.																			
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).																			
	<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 43,279																			
	<input type="checkbox"/> attorney or agent under 37 CFR 1.34.																			
Registration number if acting under 37 CFR 1.34 _____																				
 Signature		October 12, 2007 Date																		
Carl B. Wischhusen Typed or printed name		(212) 230-8800 Telephone Number																		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																				
<input checked="" type="checkbox"/> Total of	1	forms are submitted.																		

Express Mail Label No. EM 086874122 US Dated: October 12, 2007